

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101582256

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1						
2		1					
3							
4							
5							
6							
7							
8							
9							
10							
11							
12	1						
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							
31	1						
32		1					
33							
34							
35							
36							
37							
38							
39							
40							
41							
42							
43							
44							
45							
46							
47		1					
48	1						
49		1					
50			1				
TOTAL IND.			↓		↓		↓
TOTAL DEP.			←		←		←
TOTAL CLAIMS							

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
51							
52							
53							
54							
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90							
91							
92							
93							
94							
95							
96							
97							
98							
99							
100							
TOTAL IND.			↓		↓		↓
TOTAL DEP.	4		←		←		←
TOTAL CLAIMS	61						
TOTAL CLAIMS	65						